

## RED RIBBON RUN SCHOLARSHIP RECIPIENT GUIDELINES

- Submitted by the Committee  
Revised 01/2010

**RED RIBBON RUN  
DEPARTMENT OF CORRECTION  
SCHOLARSHIP APPLICATION**

**RETURN TO:**

Shirley Lowe  
Dept of Correction  
P.O. Box 8707  
Pine Bluff, AR 71611

**RETURN BY:**

April 4, 2011

**Applicant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Current or last employer (if any): \_\_\_\_\_

Position: \_\_\_\_\_

Salary/Wages: \$ \_\_\_\_\_

**SOURCE & AMOUNT OF FUNDS AVAILABLE FOR SEMESTER  
IN WHICH SCHOLARSHIP IS REQUIRED**

Parents: \$ \_\_\_\_\_ Own Income: \$ \_\_\_\_\_

Scholarship: \$ \_\_\_\_\_ Other (Spouse, Relative, etc): \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_ Step-Parents: \$ \_\_\_\_\_

Have you previously received assistance from another source? How much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_

Have you applied or do you plan to apply to another source? How much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_

## IDENTIFICATION OF INDIVIDUAL (S) PROVIDING ASSISTANCE

Name or parents, guardian, or spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## PLACE OF EMPLOYMENT AND POSITION

(must be filled out)

Father/Step-father: \_\_\_\_\_

Mother/Step-mother: \_\_\_\_\_

Spouse: \_\_\_\_\_

Guardian/Relative: \_\_\_\_\_

## EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

School's Name: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Grade Average: \_\_\_\_\_

## EDUCATIONAL INSTITUTION THAT ENROLLMENT IS DESIRED

Institution's Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Amount of Tuition/Fees per semester: \$ \_\_\_\_\_

Date payment is due: \_\_\_\_\_ Date term begins: \_\_\_\_\_

### Please include the following with this application:

1. Copy of your school transcript
2. ACT scores
3. Grade point average
4. Letters of reference
5. Information about school activities and extra-curricular activities.

**ARKANSAS DEPARTMENT OF CORRECTION  
RED RIBBON RUN**

**SCHOLARSHIP RECIPIENT INFORMATION**

RECIPIENT NAME: \_\_\_\_\_

Address (parents): \_\_\_\_\_

Your address at college: \_\_\_\_\_

\_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (College) \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security: \_\_\_\_\_

**COLLEGE INFORMATION**

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No (Financial aide): \_\_\_\_\_

Last Grade Point: \_\_\_\_\_

It is important that this form be filled out and returned to Department of  
Correction, Shirley Lowe, P.O., and Box 8707, Pine Bluff, AR 71611.

If you have any questions, please call Shirley Lowe at 267-6215. HAVE A  
GREAT YEAR AT COLLEGE.